

North Country Hospital

Community Health Assessment

2011 - 2012

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North Country Hospital Community Health Assessment - Report

Introduction

As part of its strategic initiatives, North Country Hospital (NCH) is implementing a community health needs assessment, comprised of a number of processes and data elements as described below. Following analysis of the various data elements, North Country, along with a team of key community stakeholders will determine several priority health concerns that its communities are encountering and on which an impact can be made.

Development of the Advisory Team

The development of the Advisory Team for NCH's community health assessment began in April, 2011. Ann Creaven, the VT Department of Health (VDH) Newport District Director for the NCH hospital service area of Orleans and northern Essex Counties, has been involved in NCH's community assessment process since early April. At that time, a meeting was held with the Newport District Director, the NCH Vice President of Human Resources who is directing the assessment process, and the hospital's community health planner. The purpose of the meeting was to discuss the assessment process and timeline that the hospital had recently developed, as well as to review the data collection that had been done to date. The hospital sought input and opinion from this public health representative regarding the assessment plans and format, including data collection. At that time, some recommendations were made regarding data collection and data sources. Overall, the hospital's plan met with VDH approval.

The data collection process was finalized to the point where it was ready for review and discussion by the Advisory Team. The initial Advisory Team consisted of the following members:

- ◆ Bill Perket, North Country's Vice President of Human Resources
- ◆ Joanne Fedele, RN, MSN, Community Health Planner
- ◆ Ann Creaven, VDH Newport District Director
- ◆ Dr. Nelson Haas, Occupational Medicine
Dr. Haas was invited to serve on the team due to his current work in Occupational Medicine, his knowledge of the local working population and related health problems and his knowledge and experience with data analysis.
- ◆ David Ingram, Director of NCH Cardiopulmonary Services
David Ingram was invited to participate on the team as the hospital serves a large proportion of patients who have cardiac and/ or pulmonary problems. David manages the Cardiopulmonary Services at NCH which include pulmonary care, asthma care and education services, cardiac rehabilitation and pulmonary health and conditioning services. David is also knowledgeable about the local communities

◆ Edna LaClair-Petit, Medical Social Worker

Edna-LaClair-Petit, MSW, was invited to serve on the team due to her current role and extensive experience in caring for patients with mental health problems, as well as her knowledge of the community and of local mental health resources.

From mid-June through early July, the Advisory Team met five times with each meeting lasting two hours. The purpose of the team meetings was to gain an understanding of North Country's overall community assessment process, to review and discuss in detail several pages of community health data formatted and compared to state and national data, to set criteria for key health care issues and identify such issues from the data, and lastly to discuss how these issues are or are not being addressed in the community.

Since these initial steps, two more community partners have been added to the Advisory Team:

- ◆ Samantha Baraw, Supervisor of the Newport Office of Northeastern Vermont Area Agency on Aging, has agreed to join the Team. Samantha is very knowledgeable about the needs of older Vermonters living in the Northeast Kingdom and has extensive experience with that population having worked previously for the VT Department of Aging and Independent Living (DAIL).
- ◆ Jeanne Kadmiri has been actively involved in advocating locally for youth safety, health, and education. With years of experience as a guidance counselor, Jeanne is one of the founders of the Newport After-school Program. This program, which has been sustained for over 13 years, provides health, educational, and recreational services to over 100 children from the Newport area. In recent years, it has also provided these kinds of services over several weeks in the summer to help give healthy, out-of-school alternatives to local children. The program serves youth who are primarily from the low socioeconomic population.

Team Process / Prioritization

During its series of meetings, as noted above, the Advisory Team reviewed and discussed local data as well as local resources that are available in each of the categories outlined in the following pages. As part of the review process, the Team agreed on a set of criteria by which to try to prioritize each of the indicators in each of the categories. The criteria elements established are listed below.

It should be noted that these elements are aligned with those recommended by the Catholic Health Association (CHA) and VHA, Inc. in prioritizing community health needs as documented in Assessing & Addressing Community Health Needs (CHA, March 2011).

- ◆ Magnitude of the problem or issue as defined by number of people or percentage of population affected
- ◆ Severity as defined by rate of morbidity or mortality, if applicable
- ◆ Vulnerable population, identified examples of which include low socioeconomic, children, elderly
- ◆ Opportunity to affect change

In this initial prioritization process, the Team used the criteria above to develop a matrix by which to score or rate each of the indicators in each of the categories. The end result was that many of the indicators met the criteria in such a way as to be recognized as

a priority health concern. Since the community survey was planned for implementation during late summer and early fall, it was decided to await results of the survey for further team discussion. A description of the survey with results is available in this document. In early winter, with both the data document and the survey results, the Team resumed its discussion regarding setting priorities, with the goal of recommending several community health issues as key priorities.

Based on this discussion, the Team determined that the following health concerns are key community health priorities. It should be noted that these priorities are in agreement with those identified by community members through the survey process. Overall, the Team agrees that the focus should be on promoting primary and secondary health care, with a goal of preventing tertiary health care whenever possible. In no particular order, the following key health concerns are identified as priorities for the North Country Hospital service area:

- ◆ Smoking / tobacco use: this is a risk factor for many chronic diseases.
- ◆ Alcohol and drug abuse: this is also a risk factor for many chronic diseases, as well as a co-morbid condition for many individuals. The need for additional Licensed Drug and Alcohol Counselors (LDAC) as well as Licensed Medical Social Workers in the community was discussed and identified. Currently, waiting lists exist and services are restricted because various payors only accept counselors with specific credentials.
- ◆ Cancer: this is also affected by the above risk factors. Additionally, data show that improvement is needed in colon cancer screening in part of the hospital service area.
- ◆ Diabetes: this is a concern that is also affected by the above risk factors, and this is a disease in which co-morbidities are implicated.
- ◆ Access to health services: The need was identified for more Community Health Teams, as promoted by the VT Blueprint for Health. The need for greater access to mental health services in northern Essex County was also identified.
- ◆ Obesity: The Team agreed that there is a need and an opportunity for public education, with a particular focus on changing the local perception of the unavailability of healthy foods. The issue of obesity includes the need for education regarding both healthy eating and physical activity choices.
- ◆ Chronic care self-management: emphasis on self-management is or should become a key component in a number of top health issues, including diabetes, asthma, high blood pressure, heart disease, COPD, chronic pain. This emphasis on self-management should also include work place self-management programs.

Implementation Strategy

Utilizing information from the above process and its findings, a presentation will be made to the Administration and Board of Trustees of North Country Hospital. At that time, any further information requested by Administration or Board will be researched and added to this report. An implementation strategy will be developed with a focus on some of the identified community health priorities as possible, taking into consideration that not all the priorities can be addressed. The final report will include a description of the decision-making process regarding which priorities are and are not being addressed in the implementation strategy and the rationale supporting these decisions.

Data Collection

The NCH Community Health Assessment includes data collection which targets a diverse range of health indicators and risk factors. As noted previously this data for Orleans County and Essex County is compared to VT and US data. Data collection also includes a survey which reflects the respondents' perceptions of health conditions and risk behaviors that have the greatest impact on the community. The survey also indicates the perceptions of the availability or lack of availability of a broad spectrum of resources. This survey is discussed in a separate section of this report.

Following is a summary of the data collection describing the North Country Hospital service area. It should be noted that data shown are the most recent available from sources such as the VT Department of Health (www.healthvermont.gov), the US Census Bureau (www.census.gov), the VT Department of Health Access, Blueprint for Health (<http://dvha.vermont.gov/>), and NCH data. The complete 13-page data document is available by contacting North Country Hospital Administration at 334-3219 or the North Country Community Health Office at 334-3208.

The NCH service area (HSA) includes most of Orleans County (OC) and the northern section of Essex County (EC) in Vermont's Northeast Kingdom. This encompasses 22 communities with a total population of approximately 28,500. These communities are scattered over a large geographic area, separated by numerous hills or mountains and many lakes. Newport, with a population of 5005 is the largest community, and Westmore is the smallest, with a population of 306. The combined populations of both OC and EC represent approximately 5% of the state's population.

In terms of socioeconomic status, Orleans and Essex Counties are historically the most economically challenged counties in VT, with both median household and per capita income levels well below that of VT and the US. Data show that a greater percentage of the population is below the federal poverty level in both OC (13.5%) and EC (16.9%) as compared to VT (11.5%). While the percentage of adults age 25+ without a high school education has decreased over recent years, the rate is still higher than the VT rate of 9.9%, with OC at 15.9% without a high school education, and EC at 17.6%. The unemployment rate generally trends among the highest in the state, as does the percentage of adults without health insurance. A July 2011 analysis of all patients served by all North Country Medical Practices (excluding N. C. Psychiatry) for the period of October 2010 through June 2011 shows that 38% have Medicare as their primary source of health care coverage, and 28% have Medicaid as their primary source of coverage. In total, these practices serve a large percentage of the population, with the primary care practices alone serving well over 14,000 patients.

In other demographic information, the age distribution of the population in both OC and EC is very similar to that of VT, with only a slightly smaller percentage in the working age category (age 18 to 64 years), and a slightly higher aging population (age 65+ years) in both counties. In terms of race and ethnicity, both OC and EC compare similarly to VT as a whole, with each county over 97% white, and percentages of 1% or less listed as Black, Native American, Asian or Hispanic/ Latino.

Data was collected in the following categories, for both OC and EC, with comparisons to statewide rates and VT Goals when possible:

1. Maternal / Child Health Indicators
2. Immunization and Infectious Disease
3. Youth and Adult Health or Risk Behaviors
4. Arthritis
5. Cancers - Breast, Cervical, Colon, Lung, Prostate
6. Diabetes
7. Heart Disease and Stroke
8. Mental Health Indicators
9. Respiratory Diseases - Chronic Obstructive Pulmonary Disease (COPD) and asthma
10. Health Care Access / Health Care Insurance
11. 10 Leading Causes of Death for OC and EC as compared to VT

Maternal / Child Health Indicators

In the area of Maternal/ Child Health, the following indicators were reviewed:

- ◆ % of low birth weight births (≤ 5.5 lbs.)
- ◆ % of pregnant women who received first trimester prenatal care
- ◆ % of pregnant women who received early & adequate prenatal care
- ◆ % of women using tobacco during pregnancy
- ◆ % of mothers who smoked but quit before 4th month
- ◆ % of mothers who are overweight before pregnancy (BMI > 26)
- ◆ % of mothers who are breast feeding
- ◆ Rate of pregnancies among adolescent females aged 15-17 (per 1,000)

Data summary shows the following:

Strengths

- ◆ High % of pregnant women who receive first trimester prenatal care
- ◆ High % of pregnant women who receive early & adequate prenatal care
- ◆ NCH has ranked first in the state for the above

Areas Needing Improvement

Rate higher than statewide:

- ◆ % low birth weight births
- ◆ % using tobacco during pregnancy
- ◆ % overweight before pregnancy
- ◆ Rate of pregnancies among adolescents aged 15- 17

Rate lower than statewide:

- ◆ % mothers who smoked but quite before 4th month
- ◆ % *mothers who are breastfeeding (statistically significant)*

Immunization and Infectious Disease

In the category of Immunization and Infectious Disease, the following indicators were reviewed:

- ◆ % of children under age 6 who have two or more vaccinations recorded in the VT Immunization Registry
- ◆ % of kindergarteners who are fully immunized
- ◆ % of non-institutionalized adults age 65+ who receive annual influenza immunizations
- ◆ % of non-institutionalized adults age 65+ who have ever been vaccinated against pneumococcal diseases
- ◆ Rate of pneumonia/ influenza hospitalizations among adults age 65+ (per 10,000)
- ◆ Rate of sexually transmitted infections (reported in actual numbers for 2010 for OC /EC combined)

Data summary shows the following:

NOTE: Data is for 2007 with the exception of the last item. It was noted by the team that obtaining immunization rates is challenging.

At or Better than Statewide, but not at VT Goal:

- ◆ % of children < age 6 with two or more vaccinations recorded in the VT Immunization Registry
- ◆ % kindergarteners fully immunized
- ◆ % non-institutionalized adults 65+ with flu vaccine (Orleans County)
- ◆ % non-institutionalized adults 65+ with pneumonia vaccine (Orleans County)
- ◆ Rate of pneumonia/ influenza hospitalizations for adults 65+ (OC & EC)

Other:

- ◆ Very low rate of STDs for OC/ EC

Needing Improvement

- ◆ % Flu and pneumonia immunization rates slightly lower than statewide in EC, but not significantly (statistically)

Youth Health or Risk Behaviors

In the category of Youth Health or Risk Behaviors, the following indicators were reviewed:

- ◆ % youth who engage in binge drinking (5 or more alcoholic drinks on one occasion, at least once in the past 30 days)
- ◆ % youth who use alcohol before age 13
- ◆ % youth in grades 9 - 12 who are overweight or obese (BMI \geq 95th percentile for age)
- ◆ % youth in grades 9 - 12 who engage in 30 minutes of moderate physical activity, 5+ times/ week
- ◆ % students in grades 9 - 12 who have ever smoked
- ◆ % students in grades 9 - 12 who smoked in the past 30 days
- ◆ % students in grades 9 - 12 who have used chewing tobacco in the past 30 days

Data summary shows the following:

At or Better than Statewide, but not at VT Goal:

- ◆ % youth in grades 9 - 12 who engage in 30 minutes of moderate physical activity, 5+ times / week

Areas Needing Improvement

Rate higher than statewide:

- ◆ % youth who engage in binge drinking

Significantly higher than statewide (statistically):

- ◆ % youth who use alcohol before age 13 (OC & EC)
- ◆ % youth in grades 9 - 12 who are overweight or obese (OC)
- ◆ % students in grades 9 - 12 who have ever smoked (OC & EC)
- ◆ % students in grades 9 - 12 who smoked in past 30 days (OC & EC)
- ◆ % students in grades 9 - 12 who have used chewing tobacco in past 30 days (OC & EC)

Adult Health or Risk Behaviors

In the category of Adult Health or Risk Behaviors, the following indicators were reviewed:

- ◆ % of adults (age 20+) who are obese (BMI 30+)
- ◆ % of adults (age 18+) who engage in regular physical activity (30 minutes of moderate physical activity 5+ times / week)
- ◆ % of adults (age 18+) who smoke cigarettes
- ◆ % of adult binge drinking (5 or more alcoholic drinks on one occasion, at least once in the past 30 days)

Data summary shows the following:

Rate at or Lower than Statewide but not at VT

Goal:

- ◆ % adults who are obese

Better than VT Goal:

- ◆ % adults who engage in regular physical activity

Areas Needing Improvement

Rate higher than statewide:

- ◆ % adults who smoke cigarettes
(EC- *significantly higher statistically*)
- ◆ % adult binge drinking
(OC same as statewide; EC higher than statewide)

Arthritis

In the area of arthritis, the following indicators were reviewed:

- ◆ % of adults with chronic joint symptoms who have seen a healthcare provider for their symptoms
- ◆ % of adults with doctor-diagnosed arthritis who receive healthcare provider counseling on physical activity or exercise

Data summary is as follows:

Rate at or Better than Statewide and/or VT Goal:

- ◆ % of adults with chronic joint symptoms who have seen a healthcare provider for their symptoms
- ◆ % of adults with doctor-diagnosed arthritis who receive healthcare provider counseling on physical activity or exercise

Cancer: Breast Cancer, Cervical Cancer, Colon Cancer

In the category of cancer, the following indicators were reviewed:

- ◆ % of women 40+ who have had a mammogram in the preceding 2 years
- ◆ % of women 18+ who have had a Pap test in the preceding 3 years
- ◆ % of adults 50+ who have had a fecal occult blood test in the preceding 2 years
- ◆ % of adults 50+ who have ever had a sigmoidoscopy or colonoscopy

Data summary:

Rate at or Higher than Statewide and/ or VT Goal:

- ◆ % women who have had a mammogram in preceding 2 years
- ◆ % adults who have had a fecal occult blood test in preceding 2 years (*OC significantly higher statistically*)

Areas That May Need Improvement (?)

- ◆ % women who have had Pap test in preceding 3 years (OC at state rate; EC slightly lower; neither at VT Goal)
- ◆ % adults who have had fecal occult blood test in preceding 2 years (*EC significantly lower than statewide rate, statistically*)
- ◆ % adults who have ever had a sigmoidoscopy or colonoscopy (OC & EC higher than VT Goal but lower than statewide rate)

Diabetes

In the category of diabetes, the following indicators were reviewed:

- ◆ Diabetes-related deaths (per 100,000)
- ◆ Hospitalization rates for uncontrolled diabetes among adults 18- 64 years (per 10,000)
- ◆ % of adults with diabetes receiving diabetes education
- ◆ % of adults with diabetes who have an annual dilated eye exam
- ◆ % of adults with diabetes who have an A1C measurement at least twice/ year
- ◆ % of adult with diabetes who have at least an annual foot exam

Data summary:

Rate at or Better than Statewide and/ or VT Goal: For Essex County:

- ◆ Hospitalization rates for uncontrolled diabetes among adults 18 - 64 years
- ◆ % adults with diabetes receiving diabetes education
- For Orleans County:**
- ◆ % adults w/ diabetes who have A1C at least twice / year

Areas Needing Improvement

- ◆ Diabetes-related deaths (*OC significantly higher than statewide*)
- ◆ Hospitalization rates for uncontrolled diabetes among adults 18 - 64 (*OC significantly higher than statewide, but same as VT Goal*)
- ◆ % adults with diabetes receiving diabetes education (OC)
- For OC (EC data not available)**
- ◆ % adults w/ diabetes who have annual dilated eye exam
- ◆ % adults w/ diabetes who have at least an annual foot exam

Heart Disease and Stroke

In the area of heart disease and stroke, the following indicators were reviewed:

- ◆ Rate of coronary heart disease deaths (per 100,000)
- ◆ Rate of stroke deaths (per 10,000)
- ◆ % of adults with high blood pressure
- ◆ % adults who have had their blood cholesterol checked within the preceding 5 years

Data summary:

Rate at Statewide Rate but not at VT Goal:

- ◆ Rate of stroke deaths (N/A for EC)
- ◆ % of adults with high blood pressure

Areas Needing Improvement

- ◆ Rate of coronary heart disease deaths
(Both OC & EC significantly higher than statewide, statistically)
- ◆ % of adults who have had their blood cholesterol checked within the preceding 5 years
(Both OC & EC slightly lower than statewide rate, and below VT Goal)

Mental Health

In the category of mental health, the following indicators were reviewed:

- ◆ Rate of suicide deaths
- ◆ % of suicide attempts by youth in grades 9 - 12 (Data for 2005 only)

Data summary:

Statewide suicide deaths for 2006, 2007, 2008 numbered 82, 88 and 94 respectively.

In Orleans County, for the same years: 6, 5, and 5 respectively.

In Essex County, for the same years: 2, 1, and 1 respectively.

% of suicide attempts by youth in grades 9 - 12 in VT (2005): 2%

% of suicide attempts of youth in grades 9 - 12 in OC (2005): 2%; (EC data N/A)

Respiratory Diseases

(COPD = Chronic Obstructive Pulmonary Disease)

In the category of respiratory diseases, the following indicators were reviewed:

- ◆ Rate of COPD deaths among people 45 and older (per 100,000)
- ◆ Rate of asthma emergency department visits, ages 0 - 17 (per 10,000)
- ◆ Rate of asthma emergency department visits, ages 18- 64 (per 10,000)
- ◆ Rate of asthma emergency department visits, ages 65+ (per 10,000)
- ◆ Rate of asthma hospitalizations (all ages; per 10,000)
- ◆ % of adults with asthma who receive written asthma management plans from their health care provider

Data summary:

Rate at or Better than Statewide rate but not at VT Goal:

For OC (EC data N/A):

- ◆ Rate of asthma hospitalizations
- ◆ % of adults with asthma who receive written asthma management plans from their health care provider

Areas Needing Improvement

- ◆ Rate of COPD deaths
(Both OC & EC much higher than statewide rate and VT Goal.
(EC is significantly higher, statistically))

For OC: (EC data N/A)

- ◆ Rate of asthma emergency department visits, ages 0-17
- ◆ Rate of asthma emergency department visits, ages 18-64 and ages 65+
(Significantly higher, statistically, than statewide rate)

Health Care Access

In the category of health care access, the following indicators were reviewed:

- ◆ Do you have one person you think of as your personal doctor or health care provider?
- ◆ Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?

Regarding having a personal doctor or health care provider, for the year 2008, 87.7% of respondents in VT as a whole responded affirmatively, while in OC the rate was 84% and in EC it was 76%.

Regarding not seeing a doctor due to cost, for 2008, 10.1% of respondents in VT as a whole responded that they had experienced this, while in OC the rate was 15% and in EC it was 13%.

10 Leading Causes of Death

In terms of the leading causes of death, the VT Vital Statistics Report for 2008 shows that, by percentage, the 10 leading causes of death for OC and EC are the same as for the state and are ranked in order below:

	VT %	OC %	EC %
Deaths by Percentage of Total	100%	5.5%	1.1%
10 Leading Causes of Death by Percent of Total for VT & by County			
Malignant Neoplasms (cancer)	24.5%	25.2%	25%
Diseases of the Heart	23.2%	21.0%	20.0%
Chronic Lower Respiratory Diseases (COPD, Emphysema and others)	6.6%	7.0%	15.0%
Accidents	5.8%	6.3%	5.0%
Cerebrovascular Disease (Stroke)	5.3%	5.3%	0
Alzheimer's Disease	4.2%	4.6%	1.7%
Diabetes Mellitus	2.9%	1.7%	1.7%
Intentional Self-harm (Suicide)	1.8%	1.7%	1.7%
Influenza & Pneumonia	1.4%	1.4%	0
Parkinson's Disease	1.0%	0.7%	0

Community Survey

A survey of the communities served by North Country Hospital was conducted via an on-line survey tool and through paper and pencil surveys distributed at various community gatherings. Data was gathered through the survey on four different areas: A. Health issues, B. Risk behaviors, C. Access to services and/or resources, and D. Demographics. Over 240 responses were received.

Through this survey data was collected of the respondents' perceptions of health conditions and risk behaviors that have the greatest impact on the community. The survey also gathered the perceptions of the availability or lack of availability of a broad spectrum of services and resources.

With respect to the topics of health issues and risk behaviors, respondents were asked to rate on a scale of 1 – 5 how much of an impact specific health issues have on the community. A score of 1 indicated the least impact, whereas a score of 5 indicated the greatest impact. There were seventeen different health issues listed in the survey and sixteen health risk behaviors. In order to rank the results of the survey, we calculated the percentage of the total scoring of each issue by combining the top two scores.

A. Health Issues

Following is a rank order of the community health issues based on the percentage score from high to low.

1. Cancer	72%
2. Diabetes	71%
3. High blood pressure	67%
4. Heart disease and/or stroke	67%
5. Mental health problems such as anxiety and depression	65%
6. Respiratory illnesses like chronic obstructive lung disease or emphysema	56%
7. Arthritis and/or diseases that limit movement	56%
8. Motor vehicle crash injuries and/or deaths	48%
9. Dental problems	47%
10. Alzheimers' Disease	44%
11. Asthma	42%
12. Teen pregnancy	40%
13. Infections like pneumonia, influenza, hepatitis	33%
14. Infant or childhood diseases that can be prevented by immunizations	30%
15. Suicide or attempted suicides	29%
16. Sleep disorders	27%
17. Sexually transmitted diseases	26%

B. Risk Behaviors

Following is a rank order of risk behaviors based on the percentage score from high to low.

1. Being overweight - youth and/ or adults	82%
2. Not getting enough physical activity	82%
3. Poor eating habits (not eating regularly; eating lots of foods high in sugar & fats)	80%
4. Youth use of alcohol (youth under 21 years old)	79%
5. Youth use of drugs, including abuse of prescription drugs (youth < 18 years)	79%
6. Adult use of alcohol (adults 21 years and older)	76%
7. Youth use of tobacco (youth under 18 years old)	74%
8. Adult use of tobacco (adults 18 year and older)	71%
9. Adult use of drugs, including abuse of prescription drugs (adults \geq 18 years)	71%
10. Domestic violence	58%
11. Child abuse or neglect	54%
12. Unsafe sex	46%
13. Not using seat belts or not using child safety seats for children	43%
14. Rape and/or sexual assault	39%
15. Not getting immunizations to prevent some diseases	37%
16. Firearm related injuries or deaths	28%

C. Access to Services and Resources

With respect to the topic of access to services and resources, the survey listed a broad range of 22 services and resources. Respondents had the following options to select regarding their perception of each service: available and adequate, available but limited, not available, I don't know. In order to rank the results of this part of the survey, for each item, we calculated the combined percentage of the two responses of "not available" and "I don't know."

Following is a rank order of services and resources with which respondents are either not familiar or perceive to be not available, based on the percentage of responses from high to low:

1. Services for people experiencing problems with pain	32%
2. Occupational and speech therapy for youth and adults	30%
3. Adult day care services	30%
4. Services for people with sleep disorders	29%
5. Services for people experiencing domestic violence or sexual assault	27%
6. Services for people with drug and alcohol problems	24%
7. Services specializing in ears, nose, throat care	23%
8. Prenatal care - for women who are pregnant	22%
9. Respiratory care - for people with breathing problems	22%
10. Hospice care - for people who are dying	21%
11. Cardiac care - for people who have heart problems and after a heart attack	21%
12. Food shelf centers and / or community gardens	18%
13. Cancer care, including screening, treatment and prevention efforts	15%
14. Mental health services	15%
15. Dental care	14%
16. Home care - taking care of people in their homes	14%
17. Elderly care services like housing, meal sites, assistance with health forms	13%
18. Educational services for adults wanting a high school education	13%
19. Long term care facilities (nursing homes)	13%
20. Services specializing in eye care	10%
21. Physical therapy - to strengthen muscles and increase mobility and activity	8%
22. Primary care services (having your own doctor)	7%

D. Demographic Information

In terms of demographic information describing the respondents who completed the survey, the following data is available:

Gender:

Male	24.5%
Female	75.5%

Age:

Less than 18 years old	.4%
18 - 64 years old	69.2%
65 years or older	30.4%

Town of Residence:

Newport	21%
Derby	19%
Newport Center	7%
Barton	6%
Brownington	4%
Derby Line	4%
Holland	4%
Irasburg	4%
Morgan	4%

In smaller numbers, respondents also reside in the towns of: Albany, Brighton, Charleston (East and West), Coventry, Craftsbury, Glover, Jay, Lemington, Lowell, North Troy, Norton, Orleans, Sutton, Troy, West Glover, Westfield, Westmore.

Community Resources and Assets in the North Country Hospital Service Area

During its series of meetings, the Advisory Team identified the following community resources or assets that help meet community health needs in each of the categories for which data was reviewed. These lists represent services, resources, or agencies identified at the time of the meetings, and are not intended to be all inclusive.

Maternal/ Child Health

- ◆ Children's Integrated Services (CIS), for children to age 6 yrs. w/ developmental delays; administered by VT Department of Children & Families
- ◆ NEAT -- Newport Early Access Team
- ◆ Home visiting -- Orleans Essex VNA; Parent Child Center nurses; part time; visits start after baby is born; low SES population
- ◆ Northeast Kingdom Community Action -- Children's services; Head Start / Early Head Start; VT Family Matters for families with children from birth to pre-k; low SES population
- ◆ Women, Infants, Children (WIC) -- low SES population;
- ◆ Northeast Kingdom will be a pilot location for nurse/ family partnership program where family receives monthly nurse visits starting during pregnancy; low SES population; federal funding
- ◆ North Country OB/ GYN Services
- ◆ Centering Pregnancy -- for any pregnant woman; total education experience; taking responsibility for having a healthy pregnancy and being informed re: birth process; participants meet with midwife and nurse. Service is billed as clinic visit as services are provided in place of clinic visit.
- ◆ North Country Hospital Childbirth Education Classes
- ◆ North Country Hospital -- One-on-one lactation consultation, prenatally

Immunization and Infectious Disease

- ◆ Annual flu clinics
- ◆ VT Dept of Health for services regarding specific outbreaks
- ◆ Occupational Medicine Services
- ◆ Employee health services
- ◆ Primary care providers

Youth Risk Behaviors

- ◆ Northeast Kingdom Human Services (mental health)
- ◆ Northeast Kingdom Community Action -- youth services and community justice programs
- ◆ After- school programs / summer programs implemented by schools
- ◆ Northeast Kingdom Learning Services
- ◆ VT Dept of Health (VDH) -- Parent Up Website to reduce underage drinking in VT
- ◆ Newport Recreational Department / Glover and other towns w/ Rec depts..
- ◆ Schools -- Student Assistance Programs (SAPs)
- ◆ EPSDT -- VDH program for all children, not just low SES
- ◆ IROC -- many local children attend for free as towns pay
- ◆ Siskin Ecological Adventures
- ◆ Northwoods Stewardship Center
- ◆ Farm to School Program

Adult Risk Behaviors

- ◆ IROC
- ◆ NC Wellness Center
- ◆ Tobacco cessation services
- ◆ Northeast Kingdom Physical Therapy
- ◆ Private gyms
- ◆ Alcoholics Anonymous
- ◆ NEK Human Services (mental health)
- ◆ Private counselors
- ◆ Northern VT Psychiatric Services
- ◆ Recreational paths / recreational services
- ◆ Siskin Ecological Adventures
- ◆ Northwoods Stewardship Center

Chronic Diseases, Including Mental Health Disorders

- ◆ NCH rehab services
- ◆ Private physical therapy services
- ◆ Area Agency on Aging for Northeastern VT (NEVAAA)
- ◆ Blueprint -- Healthier Living Workshops (HLW)
- ◆ Blueprint -- Diabetes Self-management Workshop
- ◆ Certified Diabetes Educators
- ◆ Senior Meal Sites
- ◆ Adult Day Care / Skilled Care Facilities
- ◆ Farm to Senior Meal Site Program
- ◆ Northeast Kingdom Human Services
- ◆ Northeast Kingdom Community Action
- ◆ Home visiting services
- ◆ Primary care services
- ◆ Support & self-help groups (Rheumatoid Arthritis, Alzheimers, Parkinsons, Cancer, Vision problems, Brain injury, Grieving)
- ◆ North Country Hospital Services: Neurology, Cardiopulmonary, Sleep Disorders, Pain Treatment Center, Orthopaedics, Oncology/
Hematology
- ◆ Otolaryngology (ENT)
- ◆ Dialysis
- ◆ Ophthalmology